



RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE

Group Art Unit: 3634
Confirmation No.: 9027
Examiner: Redman, J

Atty. Ref.: FP03-100US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Yoshinao Kobayashi et al.
Appl. No. : 10/602,313
Filed : June 24, 2003
For : CABLE GUIDE AND POWER SUPPLY APPARATUS FOR A
VEHICLE SLIDE DOOR

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

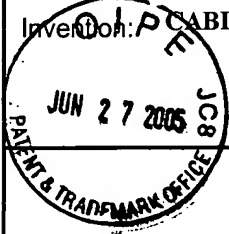
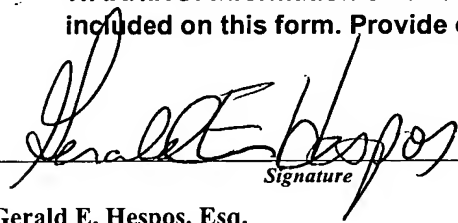
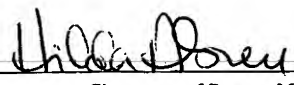
This amendment is submitted in response to the Office Action of
April 4, 2005. Please amend the application as follows:

06/28/2005 WASFAW1 00000016 10602313

01 FC:1201

600.00 OP

AF/IFW

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. FP03-100US	
Applicant(s): Yoshinao Kobayashi et al.						
Application No. 10/602,313	Filing Date June 24, 2003	Examiner Redman, J.	Customer No. 001218	Group Art Unit 3634	Confirmation No. 9027	
Inventor: CABLE GUIDE AND POWER SUPPLY APPARATUS FOR A VEHICLE SLIDE DOOR						
 COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	6 -	3 =	3	x \$200.00	\$600.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$600.00	
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 03-1030 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: June 23, 2005			
Gerald E. Hespos, Esq. Atty. Reg. No. 30,066 CASELLA & HESPOS LLP 274 Madison Avenue - Suite 1703 New York, NY 10016 Tel. (212) 725-2450 Fax (212) 725-2452			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;"> June 23, 2005 _____ (Date) </div> <div style="text-align: center;">  _____ Signature of Person Mailing Correspondence </div> <div style="text-align: center;"> Hilda A. Abreu _____ Typed or Printed Name of Person Mailing Correspondence </div> </div>			
CC:						